MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)
HOSPITAL BEDS STANDARD ADVISORY COMMITTEE (HBSAC) MEETING

Thursday, December 3, 2020

Zoom Meeting

APPROVED MINUTES

I. Call to Order

Chairperson Groseclose called the meeting to order at 9:30 a.m.

A. Members Present and participating remotely:

Jennifer Groseclose, Chairperson – Munson Healthcare – Ottawa County
Chad Grant, FACHE, Vice-Chairperson – McLaren Health Care – Genessee County
Stephen Anderson Blue Cross Blue Shield of Michigan (BCBSM) – Oakland County (joined late)
Jennifer Eslinger – Henry Ford Health System (HFHS) – Wayne County (joined late)
Joel Flugstad – Spectrum Health – Kent County
Synnomon Harrell, International Union, UAW – Wayne County
Glenn King, MSN, RN, MBA – MidMichigan Health – Clare County
Linda Larin, FACHE, MBA – University of Michigan Health System (UMHS) – Washtenaw County
David McEwen – Detroit Medical Center (DMC) – Oakland County
Doug Roehm – Strategic services Group – Oakland County
Kelly Smith – Trinity Health Michigan – Washtenaw County
Tammie Steinard, RN, BS, BSN MHA, ONC – Ascension Michigan – Naples, Florida in Collier County
Carolyn Wilson – Beaumont Health – Muskegon County

B. Members Absent:

None.

C. Michigan Department of Health and Human Services Staff present:

Tulika Bhattacharya
Joette Laseur
Beth Nagel
Tania Rodriguez

Brenda Rogers

II. Declaration of Conflicts of Interests

Ms. Wilson stated that Beaumont Health has filed an appeal for LAA beds.

III. Review of Agenda

Motion by Ms. Steinard, seconded by Ms. Wilson to accept the agenda as presented. Motion carried.

IV. Review of Draft Minutes – November 12, 2020

Motion by Mr. Anderson, seconded by Ms. Wilson to accept the minutes as presented. Motion carried.

V. Charge 1 – Review the requirements and provisions for limited access areas – Presentation

Paul Delamater, University of North Carolina at Chapel Hill, provided a presentation. (Attachment A)

Discussion followed.

A subcommittee will be formed to work with Mr. Delamater.

VI. Charge 2 – Evaluate whether patients who are in a licensed bed, and who are or may become observation status, should be included/excluded in the patient count – Subcommittee Update

Subcommittee members: Ms. Steinard, Mr. Flugstad, Mr. King, Ms. Larin, Mr. McEwen, and Chairperson Groseclose

Mr. Flugstad provided a presentation. (Attachment B)

Discussion followed.

Ms. Bhattacharya agreed to assist the subcommittee.

VII. Charge 4 – Review possible modification to the replacement zone definition – Subcommittee Update

Subcommittee members: Ms. Smith, Ms. Steinard, Mr. Flugstad, Mr. King, Ms. Larin, and Chairperson Groseclose

Ms. Smith provided a verbal update.

Mr. Delamater provided background on hospital groups.

Ms. Rogers provided an overview of the replacement zone and its ties to the statute.

VIII. Charge 5 – Review how the emergency CONs were handled during the pandemic and if changes need to be made – Presentation/Data

Ms. Bhattacharya provided a presentation. (Attachment C)

Discussion followed.

IX. Next Steps

Chairperson Groseclose will send an email to SAC members to seat the subcommittee for Charge 1.

Charge 2 will meet again.

Charge 4 will meet again.

X. Future Meeting Dates

January 21, 2021; February 11, 2021; March 11, 2021; April 15, 2021; & May 6, 2021

XI. Public Comment

None.

XII. Adjournment

Motion by Mr. Flugstad, seconded by Ms. Smith to adjourn the meeting at 11:14 a.m. Motion carried.

Summary of Methodology to Identify Limited Access Areas

Paul L. Delamater
Department of Geography, University of North Carolina at Chapel Hill
pld@email.unc.edu

1. Identify the regions of Michigan that are more than 30 minutes vehicular travel to the nearest acute care hospital. These regions are called Underserved Areas (UAs).
   - *Note: UAs are not tied to any administrative units. They are simply "blobs" on the map.*
2. Assign Zips Codes to each UA. A Zip Code is assigned to a UA if any part of the Zip Code polygon touches the UA.
   - *Note: one of the reasons Zip Codes are used for this process is that Zip Code is the highest-resolution geographic information we have for hospitalization records in the MIDB (i.e., we do not know patients' addresses, only their Zip Codes).*
3. Calculate predicted patient days for set of Zip Codes associated with each UA (using the same approach used to predict county-level patient days in the bed need methodology).
   - *Note: the entire Zip Code is assigned to a UA if any of the Zip Code touches the LAA, thus all the patient days from residents of each Zip Code are included in the patient day calculation.*
4. Calculate statewide average number of patient days used by 50,000 people for one year (e.g., the average number of patient days used in a year by 50,000 Michigan residents).
   - *Note: this value is used as a threshold in the next step.*
5. Identify UAs with a predicted patient days value greater than or equal to the patient day threshold. These regions are Limited Access Areas (LAAs).
6. For each LAA, calculate bed need based on predicted patient days (using the same approach used in the bed need methodology).

Summary of Initiation Requirements within a Limited Access Area

1. Proposed hospital must be located inside the LAA.
2. Proposed hospital must serve a population of 50,000 or more a) inside the LAA and b) within 30/60 minutes of the proposed location.

Attachment B

CHARGE 2 SUB-GROUP UPDATE

DECEMBER 3, 2020

CHARGE 2

- “Evaluate whether patients who are in a licensed bed, and who are or may become observation status, should be included/excluded in the patient count”

KEY OUTCOMES

- Discussion about the accuracy of the current survey
  - Recommendation for updates to the instructions on Schedule L
- Discussion on use case(s) for tracking observation patients utilization licensed beds as a special research project

Attachment B

2019 Michigan Certificate of Need Annual Survey

[Admin] [Super] | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | Facility Filter

000000	2019 TEMPLATE	ANY CITY	HOSPITAL

SECTION L: Licensed Inpatient Hospital Beds

Next

Contact information for the person responsible for completing this section: ☐ Check here if same as Section A.

Contact Name		HL_CNAME
Contact E-mail		HL_CEMAIL
Contact Phone		HL_CPHONE
Contact Fax		HL_CFAX

Instructions:

1. Report the number of patients that were discharged from the hospital during the survey year by bed type. If discharges are not available, please provide the number of admissions by bed type.

2. Report the number of patient days of care provided by the facility during the survey year by bed type.

3. Report if the facility has met the terms of approval and the project delivery requirements.
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.
   b. If additional explanation of project delivery requirements is necessary, please put information in the data comment box at the bottom of this Section.

Definitions:

Discharges mean the number of patients who expire or are released from the hospital.

Medical/Surgical Beds includes intensive care, cardiac care, rehabilitation, acute substance abuse, and tuberculosis beds.

Patient Days means the number of days that the licensed beds were occupied by a patient.

QUESTION #2

Current

- "Report the number of inpatient days of care provided by the facility during the survey year by bed type"

Proposed

- "Report the number of inpatient days of care provided by the facility during the survey year by bed type. ***This term does not include admitted patients who were later identified to be in observation status***."

DISCUSSION

- Are there use cases that warrant identifying and tracking the utilization of licensed beds by observation patients?

Hospital Bed SAC

Emergency CONs – COVID-19

Tulika Bhattacharya

December 3, 2020

Emergency CON in Part 222 MCL 333.22235

Waiver of law and procedural requirements and criteria for review; affidavit; emergency certificate of need.

- *Sec. 22235. (1) The department may waive otherwise applicable provisions of this part and procedural requirements and criteria for review upon a showing by the applicant, by affidavit, of all of the following:*
- ***(a) The necessity for immediate or temporary relief due to natural disaster, fire, unforeseen safety consideration, or other emergency circumstances.***
- ***(b) The serious adverse effect of delay on the applicant and the community that would be occasioned by compliance with the otherwise applicable requirements of this part and rules promulgated under this part.***
- ***(c) The lack of substantial change in facilities or services that existed before the emergency circumstances established under subdivision (a).***
- ***(d) The temporary nature of the construction of facilities or the services that will not preclude different disposition of longer-term determinations in a subsequent application for a certificate of need not made under this section.***

Emergency CON Application

- Application is submitted online through DCH CON e-Serve in MILogin
- Supporting documents
  - ✓ Signed affidavit must be submitted to be deemed received by the Department
  - ✓ Vendor quotes, lease/purchase agreements, site/floor plans, etc., as needed
  - ✓ All documents are sent by email to MDHHS-CONProjects@michigan.gov
  - ✓ No application fee needed

ECON Applications during COVID-19

- Between March 17 and November 24, 2020 the Department approved 115 ECON applications [1 was withdrawn]
- 86 applications for additional hospital beds; 4,997 total hospital beds approved which is 20% of Statewide licensed total [25,292 beds]
- 12 applications for additional nursing home beds; 326 total nursing home beds approved which is 1% of Statewide licensed total [46,319 beds]
- 5 applications for additional psych beds; 61 total adult psych beds approved, including 22 flex beds which is 3% of Statewide licensed total [2,251 adult beds]
- 8 applications for additional swing beds at hospitals; 117 total swing beds approved which is 38% of Statewide licensed total [306 beds]
- 6 applications approved for other services [Lithotripsy and MRI]

Emergency CONs Status

	No. of ECONs	Total Beds Approved	ECONs Completed	ECONs Expired	ECONs Pending
Hospital Beds	86	4997	72	6 Exp. w/o Lic.; 4 Lic. Issued-Exp. later	8 Recent
NH Beds	12	326	11	2 [Lic. Issued; Exp. Later]	1 older
Psych Beds	5	Adult – 61 Flex - 22	2	2 Exp. w/o Lic.	1 recent
Swing Beds	8	117	6	None	2 recent

Emergency CONs – Lessons Learned

- Difficulty securing affidavit [signed and notarized]
- Request for licensed beds but overlapping physical space or difficulty securing license
- For hospital beds: 4,644 additional beds are in active status which is 93% of approved ECON beds
- For NH beds: 170 additional beds are in active status which is 52% of approved ECON beds
- For psych beds: 47 additional beds are in active status which is 77% of approved ECON beds
- For swing beds at hospitals all 117 additional beds are in active status

Questions?

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